



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Case Managers/Support Coordinators and Servicing Providers of Individual and Family Developmental Disabilities Supports (DD) Home and Community Based Waiver Services

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 5/17/2016

SUBJECT: Transition of All DD Service Authorization Operations to DBHDS –
Effective July 1, 2016

The purpose of this memorandum is to notify providers of DD case management and DD waiver services of upcoming changes to the service authorization process that will become effective July 1, 2016. Service Requests will now go directly to DBHDS.

Background

Since July 2013, the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) have worked collaboratively with individuals with DD, families, advocates, public and private providers, community and state-based agencies, as well as national expert consultants to streamline the current waivers and develop services consistent with living full and integrated lives in the community. The work has allowed the Commonwealth to redesign the three existing waivers into three amended waivers that will more appropriately address the needs of the individuals with DD after approval by the Centers for Medicare and Medicaid Services (CMS). More information about this initiative will be in forthcoming communications from the Department of Medical Assistance Services (DMAS).

Upcoming Changes

Since 2006, Keystone Peer Review Organization (KEPRO) has provided service authorizations for the DD Waiver. On July 1, 2016, the DBHDS will assume responsibility for all DD Waiver service authorization functions. KEPRO will continue to process all service authorizations requests, process appeals, and pended cases with date of receipt up to, and including, June 30, 2016. For this transition, the criteria for DD waiver services will not change, and these requirements may be found in the *Individual and Family Developmental Disabilities Waiver Provider Manual*, which is available at <http://www.viriniamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>.

Effective July 1, 2016, all DD Waiver service authorization requests will be submitted directly to the DBHDS DD Waiver Unit via fax (804-225-3390) on the modified DMAS-505 which can be access at <https://www.viriniamedicaid.dmas.virginia.gov/wps/myportal/ProviderFormsSearch>. Any submission to DBHDS via fax should be submitted according to HIPPA standards and procedures.

The DD Waiver Unit at DBHDS will continue to review all plans of care. Additionally, Money Follows the Person (MFP) requests for Transition Services must be submitted to the DBHDS DD Waiver Unit. DMAS will no longer accept or process MFP requests for the DD Waiver after July 1, 2016.

An amendment to the DD Waiver has been submitted to CMS. Upon the approval of this amendment, there will be additional systems changes which will be released in upcoming Medicaid Memos by DMAS. A separate memo with specific instructions regarding KEPRO's processing of service authorizations for the DD Waiver through June 30, 2016 will be released shortly.

Training

The DBHDS DD Waiver Unit will conduct webinars to provide training on this new process on May 30th, June 6th, and June 8th 2016 as well as posting these presentations on the DBHDS website. Frequently Asked Questions (FAQ) related to the changes will be available on the DBHDS website at www.dbhds.virginia.gov and click on Developmental Services from the home page. General inquires on the DD Waiver should be directed to the DD Waiver Helpline at 804-663-7290 or to Mr. Samuel Piñero, DD Program Manager, at 804-786-2149 or Sam.Pinero@dbhds.virginia.gov.

DD Waiver Services Requiring Service Authorization

HCPCS Procedure Code	Service Description	Service Definition
H2014	In-Home Residential Support	In-home residential support services means supports provided primarily in the individual's home.
T1019	Personal Care-Agency Directed	"Personal Care Services" means direct support with personal assistance, ADLs, IADLS, community access, medication and other medical needs.
T1005	Respite Care-Agency Directed	Respite care means services provided for the relief of the unpaid primary caregiver of eligible individuals who are unable to care for themselves that are provided on an episodic or routine basis.
T1002	Skilled Nursing Services- RN	Skilled Nursing services means services available to individuals with serious medical conditions and complex health care needs.
T1003	Skilled Nursing Services- LPN	Skilled Nursing services means services available to individuals with serious medical conditions and complex health care needs.
S5165	Environmental Modification	Environmental Modifications means physical adaptations to an individual's home, primary place of residence, primary vehicle, and, in some instances, a workplace, which provide direct medical or remedial benefit to the individual.
99199 U4	Environmental Modification-Maintenance	Environmental Modification-Maintenance means maintenance may be requested to provide service/repairs to previously authorized Environmental Modifications.
T1999	Assistive Technology	Assistive Technology means specialized medical equipment, supplies, devices, controls, and appliances, which are medically necessary and enable individuals to increase their abilities to perform ADLs or to perceive, control, or communicate with the environment in which they live.
T1999 U5	Assistive Technology-Maintenance	Assistive Technology- Maintenance means maintenance may be requested to provide service/repairs to previously authorized Assistive Technology.
97537	Day Support-Regular Intensity, Center or Non-Center Based	Day Support services include training, assistance, or specialized supervision for the acquisition, retention, or improvement in self-help, socialization, and adaptive skills.

97537 U1	Day Support- High Intensity, Center or Non-Center Based	To be authorized at the High Intensity level of Day Support, the individual must meet at least one of three criteria.
H2023	Supported Employment- Individual	Supported Employment is defined as intermittent support, usually provided one-on-one by a job coach to an individual in a supported employment position.
H2024	Supported Employment- Enclave	Group Supported Employment is defined as continuous support provided by staff to eight or fewer individuals with disabilities in an Enclave, Work Crew, Entrepreneurial model, or Bench work model.
H2025	Pre-Vocational Services- Regular Intensity	Pre-Vocational services are services to prepare an individual for un-paid employment, but are not job-task oriented.
H2025 U1	Pre-Vocational Services- High Intensity	To be authorized at the High Intensity level of Pre-Vocational Services, the individual must meet at least one of three criteria.
97139	Therapeutic Consultation	Therapeutic Consultation provides expertise, training, and technical assistance in any of the following specialty areas: Psychology, Social Work, Therapeutic Recreation, Speech and Language Therapy, Occupational Therapy, Physical Therapy, Rehabilitation Engineering, Psychiatry, Psychiatric Clinical Nursing, and Behavioral Consultation. Therapeutic Consultation services may not include direct therapy.
H2011	Crisis Stabilization- Intervention	Crisis Intervention is direct intervention of persons with developmental disabilities who are experiencing serious psychiatric or behavioral problems.
H0040	Crisis Stabilization- Supervision	Crisis Supervision means support provided as a component of Crisis Stabilization services.
S5126	Personal/Attendant Care- Consumer Directed	Consumer Directed Attendant Care includes direct support with personal assistance, ADLs, IADLs, community access, medication and other medical needs.
S5150	Respite Care- Consumer Directed	Respite care means services provided for the relief of the unpaid primary caregiver of eligible individuals who are unable to care for themselves that are provided on an episodic or routine basis.
S5136	Companion Care- Consumer Directed	Companion Care services consist of non-medical care and supervision provided to an adult age 18 years of age or older.
S5135	Companion Care- Agency Directed	Companion Care services consist of non-medical care and supervision provided to an adult age 18 years of age or older.
S5111	Family Caregiver Training	Family/Caregiver Training is the provision of identified training and education related to disabilities, community integration, family dynamics, stress management, behavior interventions, and mental health to a parent, other family

		members, or a primary caregiver.
S5160	PERS- Installation	PERS is a device that enables certain individuals at high risk of institutionalization to secure help in an emergency.
S5160 U1	PERS and Medication- Installation	PERS is a device that enables certain individuals at high risk of institutionalization to secure help in an emergency. When appropriate, PERS may also include medication monitoring devices. Medication Monitoring units must be physician ordered.
S5161	PERS- Monitoring	PERS monitoring provides continuous monitoring and responding to emergencies under all conditions.
S5185	PERS and Medication- Monitoring	PERS monitoring provides continuous monitoring and responding to emergencies under all conditions.
H2021 TD	PERS Nursing- RN	For medication monitoring, the person filling the unit must be a RN or a LPN. The units can be refilled every 14 days, or as medications change.
H2021 TE	PERS Nursing- LPN	For medication monitoring, the person filling the unit must be a RN or a LPN. The units can be refilled every 14 days, or as medications change.
T2038	Transition Services	\$5000.00 one-time funding available as a component of the Money Follows the Person (MFP) Program.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions

regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.